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CONFIRMATION NO. 1028

SERIAL NUMBER 10/015,346	FILING OR 371(c) DATE 12/12/2001 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. HOOV 115
APPLICANTS Michael D. Hooven, Cincinnati, OH;				
** CONTINUING DATA ***** <i>RR</i> This application is a DIV of 10/038,506 11/09/2001 which is a CIP of 10/032,378 10/26/2001 PAT 6,932,811 which is a CIP of 09/844,225 04/27/2001 PAT 6,517,536 which is a CIP of 09/747,609 12/22/2000 PAT 6,546,935 and claims benefit of 60/200,072 04/27/2000				
** FOREIGN APPLICATIONS ***** <i>None, RR</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 02/22/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>R. Rollins</i> Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 66	TOTAL CLAIMS 6 INDEPENDENT CLAIMS 2
ADDRESS 26568				
TITLE TRANSMURAL ABLATION DEVICE				
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	